Approxim or Death reliable								
PAYENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 10628017								
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE C OR SMALL ENTITY								
TOTAL CLAIMS-	21		PA	TE	FEE		PATE	FEE
FOR .	NUMBER FRED	NUMBER EXTRA	BASE	FEE	375.00	OR	ASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS	21 minus 20=		 ┛┖ᢁ	9=	9	OR	X\$18⇒	
INDEPENDENT CLAIMS minus 3 :-		<u> </u>	×4	2-		OR	X84=	
MULTIPLE CEPENDENT CLAIM PRESENT				10=	_	ОЯ	+280=	
• If the difference in column 1 is	10	TAL.	324	OR	TOTAL			
CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY								
5-6-05 (Cotumn 1)	CLAUS HIGHEST				ADDI-	i I		ADDI-
REMARKING AFTER	PREV	ABER PRESEN		TE	TIONAL		RATE	TIONAL
Total 2	Minus = 2	FOR	t l	9=	,	ÓR	X\$18=	
Independent	Minus · · ·	3 - 1	$\exists \vdash_{\mathbf{x}}$	2-	- 1	OR	X84=	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				رم	-/		+280=/	
(Cotumn 1) A B (Cotumn 3) (Cotumn 3) (Cotumn 3)								
CLAMS REMARKING	FUC	REST MBER PRESE		7	ADDI-		0475	ADDI- TIONAL
APTER AMENDMEN Total • • • • • • • • • • • • • • • • • • •	PREV	DFOR EXTR		25	TIONAL		RATE	FEE
Rotal · · · · · · · · · · · · · · · · · · ·	Minus '**	21-3	×		146	OR	X\$18=	
Independent • //)	Minus	3	[×	42=		OR	X84=	
FIRST PRESENTATION OF THATTIPLE DEPENDENT CLAIM				40=	1	OR	+280=	
		•	· ADD	YES	1/4	R	YOTAL ADDIT. FEE	11
4-1206 (column)	14.5	umn 2) (Colum	n 3)	Y Y	PTC	7	WYW	
CLAINS REMARKING	NO.	MBER PRESE		ATE	ADDI- TIONAL		FATE	TIONAL
TE THE PARTY OF TH	T PA	D FOR		7	FEE	1	1	FEE
Total 2	Minus ••	4\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	러Ľ	\$ 9-		OR		 _
FIRST PRESENTATION OF			ゴド	A2=	=	OA	X84=	 ;
				140-	<u></u>	ÓR		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Padd For" IN THIS SPACE is less than 20, enter "20. 				YOYAL IT. FEE		OR	ADOIT, FEE	
The Titghest Number Previously Paid For' St THUS SPACE is less than 3, enter "3." The Titghest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box to column 1.								

FORM PTO-429 (Par. 1202)

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